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**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## **FEE TRANSMITTAL** **For FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 2,950.00)

### **Complete if Known**

Application Number	08/441,443
Filing Date	May 15, 1995
First Named Inventor	Michael HOUGHTON
Examiner Name	M. Zeman
Art Unit	1631
Attorney Docket No.	223002006316

### **METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

#### **2. EXCESS CLAIM FEES**

##### Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>

50                        25

Each independent claim over 3 (including Reissues)

200                        100

Multiple dependent claims

360                        180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
299	- 299 =	0.00	x 50 = 0.00
HP = highest number of total claims paid for, if greater than 20.			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
34	- 34 =	0.00	x 200 = 0.00
HP = highest number of independent claims paid for, if greater than 3.			

Multiple Dependent Claims	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

360                        0.00

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)

- 100 =	/50	(round up to a whole number) x	250	= 0.00
<u>Fees Paid (\$)</u>				

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1255 Extension for response Petition for Extension of Time      2,160.00  
1801 Request for continued examination (RCE) (see 37 ...      790.00)

#### **SUBMITTED BY**

Signature	<u>Shantanu Basu</u>	Registration No. (Attorney/Agent)	43,318	Telephone	(650) 813-5995
Name (Print/Type)	Shantanu Basu			Date	February 13, 2007